PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

5531-01300

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER TH		
TOTAL CLAIMS			35		X		Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 5 minus 20=		* 15			X\$ 9=		OR	X\$18=	270	
INDEPENDENT CLAIMS			3 minus 3 =		0		•	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	980	
	(Column 1) (Column 2) (Column 3)							' SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	5 OL AUA	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		ſ	+135=		OR	+270=		
					•		L Al	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										,		
AMENDMENT B	**************************************	CLAIMS REMAINING AFTER AMENDMENT	***	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	F CLAIM	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY								+135=		OR	+270=		
DEDI AVAILADLE COPY							L A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
السندو		(Column 1)	·	(Colui		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* INTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=		
<u> </u>	TINOT FRESE	INTATION OF MI	OFILE DEL	CINDEIN	CLAIN			+135=		OR	+270=		
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												